



A Challenging Case Requiring Multidisciplinary and Evolving Multimodal Cancer Pain Management

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This is a complex case of a 19 year old male with metastatic Ewing Sarcoma with a large painful recurrent tumor involving most of the left pelvis. The patient had progressive disease, severe intractable pain, and came to us from an outside hospital with an epidural catheter. He was seen in the hospital several times for pain crisis, wherein his pain was difficult to control with oral and IV medications. Several etiologies for his pain were entertained, including disease progression with tumor growth and opioid induced hyperalgesia. He was not a candidate for debulking surgery, but did receive palliative radiation therapy. Balanced polypharmacotherapy including NSAIDs, steroids, opioids, central acting alpha 2 agonists, gabanergic modulators, tricyclic antidepressants, and N-type voltage gate calcium channel blocker were used to address his pain. Several interventions were considered/employed to address his pain including epidural catheter, subarachnoid neurolysis, cordotomy, and intrathecal analgesics. He underwent successful intrathecal trial with ziconotide followed by implantation of an intrathecal pump infusing single-agent ziconotide, which provided effective analgesia and allowed for reduction of his oral opioid load and improvement of his overall condition. The effective management of his pain required a multidisciplinary team approach encompassing pain management, pain psychology, neurosurgery, radiation therapy, pediatric intensivists, and palliative medicine. This patient's disease became aggressively rapidly progressive and his pain and symptom burden more severe but we were able to effectively control his pain with rational titration of medications and implementation of appropriate procedural interventions thereby enhancing his quality of life as we assisted in providing end of life care.